

Report Identification Number: SV-13-049

Prepared by: Spring Valley Regional Office

Issue Date: 7/3/2015

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.

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Abbreviations

| Relationships | | |
|--|---|---|
| BM-Biological Mother | SM-Subject Mother | SC-Subject Child |
| BF-Biological Father | SF-Subject Father | OC-Other Child |
| MGM-Maternal Grand Mother | MGF-Maternal Grand Father | FF-Foster Father |
| PGM-Paternal Grand Mother | PGF-Paternal Grand Father | DCP-Day Care Provider |
| MGGM-Maternal Great Grand Mother | MGGF-Maternal Great Grand Father | PGGF-Paternal Great Grand Father |
| PGGM-Paternal Great Grand Mother | MA/MU-Maternal Aunt/Maternal Uncle | PA/PU-Paternal Aunt/Paternal Uncle |
| Contacts | | |
| LE-Law Enforcement | CW-Case Worker | CP-Case Planner |
| Dr.-Doctor | ME-Medical Examiner | EMS-Emergency Medical Services |
| DC-Day Care | FD-Fire Department | BM-Biological Mother |
| CPR-Cardio-pulmonary Resuscitation | | |
| Allegations | | |
| FX-Fractures | II-Internal Injuries | L/B/W-Lacerations/Bruises/Welts |
| S/D/S-Swelling/Dislocation/Sprains | C/T/S-Choking/Twisting/Shaking | B/S-Burns/Scalding |
| P/Nx-Poisoning/ Noxious Substance | XCP-Excessive Corporal Punishment | PD/AM-Parent's Drug Alcohol Misuse |
| CD/A-Child's Drug/Alcohol Use | MN-Medical Neglect | EdN-Educational Neglect |
| EN-Emotional Neglect | SA-Sexual Abuse | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter | IG-Inadequate Guardianship | LS-Lack of Supervision |
| Ab-Abandonment | OTH/COI-Others | |
| Miscellaneous | | |
| IND-Indicated | UNF-Unfounded | SO-Sexual Offender |
| Sub-Substantiated | Unsub-Unsubstantiated | DV-Domestic Violence |
| LDSS-Local Department of Social Service | ACS-Administration for Children's Services | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | | |

Case Information

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Report Type: Child Deceased
Age: 7 day(s)

Jurisdiction: Ulster
Gender: Female

Date of Death: 11/29/2013
Initial Date OCFS Notified: 12/01/2013

Presenting Information

The mother gave birth to baby girl approximately one week prior to the incident. The child was born healthy and was doing well. On 11/30/13 the mother breast fed the baby and then put the child to bed. The mother checked on the child shortly thereafter and the child was unresponsive. The cause of death is unknown, and suspicious in nature. Further details regarding the death of the child is unknown. as a result, all adults deemed to be legally responsible in the home, the parents and grandmother are named subjects of the report, pending the outcome of the investigation.

Executive Summary

On 11/29/13, at approximately 7 days old, the subject child died. Medical records indicated that the subject child's delivery was normal. The parents confirmed that they had a history of drug abuse. Urine toxicology was negative at the time of the child's birth and although the subject child was at risk for withdrawal symptoms, there were no significant signs at the time. This information is important because while pregnant, the mother's doctor prescribed Subutex as a substitute to the mother's methadone treatment. It was explained to the mother that Subutex has less chances of withdrawal once the subject child was born. Prior to and throughout the mother's pregnancy, the mother was on probation. The mother was being drug tested by her probation officer. Probation reported that the mother tested negative for drugs throughout her pregnancy. After delivery, the mother and subject child were discharged from the hospital with no signs or symptoms of withdrawal. The mother believed that several days after delivery the subject child was showing signs of withdrawal, such as sneezing and restlessness. Therefore, on 11/26/13 the mother brought the subject child to be seen by the doctor. No medical concerns were found at that time.

The subject child was medically seen again on 11/29/13 and the mother was advised to give the subject child Mylacon drops (used to relieve gas).

On 12/1/15 an SCR report was received alleging Inadequate guardianship against the maternal grandmother and DOA/Fatality and inadequate guardianship against the mother and father on behalf of the subject child. After a thorough investigation by Ilster County Department of Social Services (UCDSS), the allegations were unsubstantiated and the case was unfounded.

The mother and father have no other children together.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination?

Yes

Determination:

- Was sufficient information gathered to make determination(s) for all

Yes, sufficient information was

allegations as well as any others identified in the course of the investigation?

gathered to determine all allegations.

- Was the determination made by the district to unfound or indicate appropriate?

Yes

Was the decision to close the case appropriate?

Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?

Yes

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/29/2013

Time of Death: 09:05 AM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred:

ULSTER

Was 911 or local emergency number called?

Yes

Time of Call:

07:30 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

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| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Female | 7 Day(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 24 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 23 Year(s) |
| Other Household 1 | Grandparent | Alleged Perpetrator | Female | 54 Year(s) |

LDSS Response

On 12/1/13, the Ulster County DSS (UCDSS), received notification of the fatality through an SCR report. In an effort to speak with the mother, UCDSS attempted to visit the maternal grandparent's address. The mother was not home, but the DSS worker was able to confirm the subject child's death by speaking with the maternal grandparents.

On 12/2/13, UCDSS made several attempted home visits, including to the location of the fatality incident and the home of the paternal grandmother (PGM). The mother was not home, but the UCDSS worker was able to interview a neighbor at the home address who provided information about the fatality incident.

On 12/2/13 UCDSS made a visit to the paternal grandparent's home. Neither the mother nor the child's father was present. However, the UCDSS worker was able to briefly interview the PGM regarding the subject child.

On 12/2/13 the DSS worker had a phone interview with the MGM. The MGM explained that the subject mother was with her grief counselor. MGM reported that the autopsy listed the cause of death as SIDS. Arrangements were made to meet with the mother.

There were several unsuccessful phone attempts to reach the mother at the MGM's residence on 12/3/13. Unsuccessful phone attempts to reach the father at the PGM's home and at the his former paramour's residence were also documented.

On 12/9/13, the UCDSS worker was able to schedule a meeting with the mother, MGM and other relatives on. The meeting was scheduled for 12/11/13.

On 12/11/13, DSS interviewed the mother, MGM, and father at the Child Advocacy Center (CAC). The father explained the circumstances of the child's death. The father stated that there were some concerns that the subject child may have been having withdrawal symptoms from Subutex, a medication that the mother was taking during her pregnancy. The mother indicated she was prescribed Subutex as a replacement for methadone therapy. She explained that Subutex is also known as buprenorphine and is taken orally to treat narcotic addiction. Both parents confirmed a history of drug abuse.

UCDSS learned that the mother had pending court charges for testing positive for opiates which violated her parole. The father had been arrested on 9/13 for using heroin in the residence.

Information obtained from the mother's former drug program on 1/28/14 confirmed that the mother completed her drug program and satisfied her probation requirements. The mother's maternity health records were reviewed. According to probation, the mother did not test positive for drugs while pregnant.

DSS also made telephone contact with the father's former paramour on 1/29/14 and confirmed that the father receives supervised visits with his daughter at the PGM's home. The PGM supervises the visits. DSS visited with the surviving sibling while she was in school. The child was deemed safe.

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Contact by DSS with the mother's midwife on 1/31/14 revealed that there were no concerns for the mother and that she had been forthcoming about her medication, previous substance abuse history and the treatment she was undertaking while pregnant. The midwife had seen the mother after the death of the subject child, and expressed concern over her well-being.

On 2/5/14 UCDSO unsubstantiated the allegations of inadequate guardianship and DOA/Fatality due to the absence of credible evidence and the case was unfounded.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|--------------------------------------|-------------------------|--------------------|
| 008461 - Deceased Child, Female, 7 Days | 008463 - Father, Male, 24 Yrs | Inadequate Guardianship | Pending |
| 008461 - Deceased Child, Female, 7 Days | 008464 - Grandparent, Female, 54 Yrs | DOA / Fatality | Pending |
| 008461 - Deceased Child, Female, 7 Days | 008464 - Grandparent, Female, 54 Yrs | Inadequate Guardianship | Pending |
| 008461 - Deceased Child, Female, 7 Days | 008462 - Mother, Female, 23 Yrs | DOA / Fatality | Pending |
| 008461 - Deceased Child, Female, 7 Days | 008462 - Mother, Female, 23 Yrs | Inadequate Guardianship | Pending |
| 008461 - Deceased Child, Female, 7 Days | 008463 - Father, Male, 24 Yrs | DOA / Fatality | Pending |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|
| | | | | |

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| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Room Personnel | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the investigation adhere to established protocols for a joint investigation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional information:

There is no mention, in the progress notes, that the hospital was contacted regarding the child's death.

Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Needed but not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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| | | | | | | | |
|--------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Funeral arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:
 After the SC death, the SM and SF moved apart. The SC was the only child for the SM and SF and there were no other children in the home. The MO moved back in with the MGM and MGF. The SF has supervised visits with his five year old child who lives with her BM. UCDSS learned of the death on 12/1/2013 and funeral arrangements were planned. The family was referred for Trauma Counseling.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:
 There were no other children in the household.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
 The father was referred to the trauma specialist.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? No

Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

CPS - Investigative History More Than Three Years Prior to the Fatality

On 2/20/07, there was a CPS case with allegations of excessive corporal punishment, inadequate guardianship and laceration/bruises/welts called against the maternal grandparents on the mother's behalf. The allegations were corroborated and the case was indicated. Preventive services were put in place.

Known CPS History Outside of NYS

No prior CPS cases outside of NYS were found.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

- Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No